

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Tom Carter For Congress

ADDRESS (number and street)
▼

PO Box 18945

Check if different
than previously
reported. (ACC)

Hattiesburg

MS

39402

2. FEC IDENTIFICATION NUMBER ▼

C

C00560649

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MS

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chrissie Hastie

Signature of Treasurer

Chrissie Hastie

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Tom Carter For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 4 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 3922.00 | 3922.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 3922.00 | 3922.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 2304.27 | 2304.27 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 2304.27 | 2304.27 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 203024.10 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 201406.37 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

Write or Type Committee Name

Tom Carter For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 4 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3622.00

3622.00

(ii) Unitemized.....

300.00

300.00

(iii) TOTAL of contributions from individuals ▶

3922.00

3922.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3922.00

3922.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

201406.37

201406.37

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

201406.37

201406.37

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

205328.37

205328.37

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 2304.27 | 2304.27 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 2304.27 | 2304.27 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 205328.37 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 205328.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 2304.27 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 203024.10 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Tom Carter For Congress

Full Name (Last, First, Middle Initial)

N. B. Carter

Mailing Address 6205 20th Street

City

Meridian

State

MS

Zip Code

39307

FEC ID number of contributing
federal political committee.

C

Name of Employer

NB Carter Consulting Engineer

Occupation

Sole Proprietor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2014 |

Transaction ID : 40415.C738

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

Lynn Denton

Mailing Address 731 Lynn Street

City

Clinton

State

TN

Zip Code

37716

FEC ID number of contributing
federal political committee.

C

Name of Employer

.Information Requested

Occupation

.Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2014 |

Transaction ID : 40415.C740

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

Jason Stevenson

Mailing Address PO Box 1001

City

Carriere

State

MS

Zip Code

39426

FEC ID number of contributing
federal political committee.

C

Name of Employer

.Information Requested

Occupation

.Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2014 |

Transaction ID : 40415.C741

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Tom Carter For Congress

Full Name (Last, First, Middle Initial)

Brad Carter

Mailing Address 6205 Semmes Road

City

Meridian

State

MS

Zip Code

39307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

396.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40415.C744

Amount of Each Receipt this Period

396.00

In-Kind

Advertisement

Full Name (Last, First, Middle Initial)

Brad Carter

Mailing Address 6205 Semmes Road

City

Meridian

State

MS

Zip Code

39307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

647.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40415.C742

Amount of Each Receipt this Period

251.00

In-Kind

Advertisement

Full Name (Last, First, Middle Initial)

Brad Carter

Mailing Address 6205 Semmes Road

City

Meridian

State

MS

Zip Code

39307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

872.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40415.C743

Amount of Each Receipt this Period

225.00

In-Kind

Advertisement

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

872.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 12

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Tom Carter For Congress

Full Name (Last, First, Middle Initial)

Doug Wagoner

Mailing Address 21553 Glebe View Drive

City

Ashburn

State

VA

Zip Code

20148

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAIC

Occupation

President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2014 |

Transaction ID : 40415.C749

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

3622.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

| | | | | |
|------------------------------------|--|-------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input checked="" type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|--|-------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Tom Carter For Congress

| | | | | | | | | | | | | | |
|---|---|---|---|-------------|---|-------|---|-------------|----|--|----|--|------|
| A. Full Name (Last, First, Middle Initial) Tom Carter | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table> | | M M M | / | D D D | / | Y Y Y Y Y Y | 03 | | 24 | | 2014 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 03 | | 24 | | 2014 | | | | | | | | | |
| Mailing Address 35 Windance Drive | | Transaction ID : 40415.C755 | | | | | | | | | | | |
| City Carriere | State MS | Zip Code 39426- | Amount of Each Receipt this Period <table border="1"> <tr> <td>1406.37</td> </tr> </table> | 1406.37 | | | | | | | | | |
| 1406.37 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <div>C</div> | | Loans Made/Guaranteed by Cand. | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td>1406.37</td> </tr> </table> | | | 1406.37 | | | | | | | | | |
| 1406.37 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|-------------|---|-------|---|-------------|----|--|----|--|------|
| B. Full Name (Last, First, Middle Initial) Tom Carter | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table> | | M M M | / | D D D | / | Y Y Y Y Y Y | 03 | | 31 | | 2014 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 03 | | 31 | | 2014 | | | | | | | | | |
| Mailing Address 35 Windance Drive | | Transaction ID : 40415.C757 | | | | | | | | | | | |
| City Carriere | State MS | Zip Code 39426- | Amount of Each Receipt this Period <table border="1"> <tr> <td>200000.00</td> </tr> </table> | 200000.00 | | | | | | | | | |
| 200000.00 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <div>C</div> | | Loans Made/Guaranteed by Cand. | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td>201406.37</td> </tr> </table> | | | 201406.37 | | | | | | | | | |
| 201406.37 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--|---|---|-------------|---|-------|---|-------------|--|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | M M M | / | D D D | / | Y Y Y Y Y Y | | | | | |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| | | | | | | | | | | | | | |
| Mailing Address | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <div>C</div> | | | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | |
|---|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | | <table border="1"> <tr> <td>201406.37</td> </tr> </table> | 201406.37 |
| 201406.37 | | | |
| TOTAL This Period (last page this line number only)..... | | <table border="1"> <tr> <td>201406.37</td> </tr> </table> | 201406.37 |
| 201406.37 | | | |

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Tom Carter For Congress

Full Name (Last, First, Middle Initial)

A. Brad Carter

Mailing Address 6205 Semmes Road

City State Zip Code
Meridian MS 39307-

Purpose of Disbursement
Advertisement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 31 2014

Amount of Each Disbursement this Period

225.00

Transaction ID : 40415.C743IK

IN KIND: ADVERTISEMENT

B. Racetrac Petroleum

Mailing Address 2100 Hwy. 43 South

City State Zip Code
Picayune MS 39466-

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 24 2014

Amount of Each Disbursement this Period

503.29

Transaction ID : 40415.E425

TRAVEL

c. Murphy Express

Mailing Address 11 Tyner Road

City State Zip Code
Petal MS 39465-

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 24 2014

Amount of Each Disbursement this Period

206.70

Transaction ID : 40415.E423

TRAVEL

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

934.99

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LS40415.C755

Tom Carter For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Tom Carter

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
35 Windance Drive

City

State

ZIP Code

Carriere

MS

39426-

Original Amount of Loan

1406.37

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1406.37

TERMS

Date Incurred

M 03 / D 24 / Y 2014 Y

Date Due

M M / D D / ONDEMAND Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1406.37

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : LS40415.C757

Tom Carter For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Tom Carter

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
35 Windance Drive

City

State

ZIP Code

Carriere

MS

39426-

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

M 03 / D 31 / Y 2014 Y

Date Due

M M / D D / ONDEMAND Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

TOTALS This Period (last page in this line only)..... ►

201406.37

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.